

KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL & DRUG COUNSELORS

PO BOX 1360
FRANKFORT KY 40602
502-564-3296, EXT 226

REINSTATEMENT APPLICATION

FOR BOARD USE ONLY
DATE _____
ICR # _____
FEE \$200.00 _____

Your Certification as an Alcohol & Drug Counselor has expired. In accordance with KRS 309.085 and regulations governing this profession, you are required to renew your certification every three (3) years. To reinstate your certification please return this completed form with the renewal fee of \$200.00 by check or money order made payable to the **Kentucky State Treasurer**.

PLEASE COMPLETE THE FOLLOWING:

Note changes in mailing address **if different** from above:

1. NAME _____
2. ADDRESS: _____
3. Present Business Address: (Only if different from mailing address)

4. Home Phone () _____ Business Phone () _____
5. Kentucky Certified Alcohol and Drug Counselor Certification Number: _____
6. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. () No () Yes If yes, list offense and provide details on a separate sheet of paper.
7. Have you been subject to disciplinary action by a mental health credentialing board? () No () Yes If yes, give details on a separate sheet of paper.
8. List any state in which you have become licensed or certified since your last renewal of certification, the type of license or certification, and the number of the certification or license: _____

AFFIDAVIT

I, the certificate holder, named in the above, do certify under penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action by the Board of Certification of Alcohol and Drug Counselors.

I have completed _____ hours of continuing education in the past three years. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Certificate Holder's Signature: _____ Date: _____
(Sign your name – Do not print or type)